



Destiny Rezendes @dezzie_rezzie

Aug 9 · 21 tweets · [dezzie_rezzie/status/1689373850985697280](https://twitter.com/dezzie_rezzie/status/1689373850985697280)

1 🧵 The Bill & Melinda Gates Foundation [BMFG] is a name that cannot be mentioned when discussing the Covid-19 pandemic. Although not a doctor nor was he a politician, Bill Gates' impact was monumental. He funded Baric's lab at UNC Chapel Hill. He was close with Dr. Fauci..



NEWS RELEASES MULTIMEDIA MEETINGS LOGIN REGISTER

NEWS RELEASE 14-SEP-2006

UNC receives \$21.3 million Gates Foundation grant

Grant and Award Announcement

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

CHAPEL HILL -- The University of North Carolina at Chapel Hill has received a \$21.3 million grant from the Bill & Melinda Gates Foundation to develop effective, inexpensive drugs to treat late-stage African sleeping sickness and visceral leishmaniasis – diseases that infect and kill hundreds of thousands of people in developing nations.

The grant supports the work of an international consortium led by Dr. Richard Tidwell, a professor in UNC's Schools of Medicine and Pharmacy and principal investigator for the project.

BILL & MELINDA
GATES foundation

About us

Our work

Ideas

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Home / About / Committed grants / University of North Carolina at Chapel Hill

Committed grants

University of North Carolina at Chapel Hill

Grantee website

Chapel Hill, North Carolina, United States

Purpose

(FAMLI2) Fetal Age and Machine Learning Initiative Part 2

Division

Gender Equality

Region served

Date

NOVEMBER 2019

Committed amount

\$2,133,290

Gf

https://www.gatesfoundation.org > about > committed-grants > 2019 > 11 > inv003266

University of North Carolina at Chapel Hill | Bill & Melinda Gates ...

\$2,133,290. Grant topic. MNCH Discovery and Tools. Duration (months) 29. Grantee location. Chapel Hill, North Carolina, United States. More about our work. Our story. Learn about the origins of the foundation and the values that drive our work. Learn more. Our work.

Gf

https://www.gatesfoundation.org > about > committed-grants > 2018 > 11 > inv-007382

University of North Carolina at Chapel Hill | Bill & Melinda Gates ...

Committed grants. More in this section Committed grants. Home; About; Committed grants ... University of North Carolina at Chapel Hill Grantee website Chapel Hill, North Carolina, United States Purpose (LABOR) Limiting Adverse Birth Outcomes in Resource-Limited Settings Grantee. Division. Gender Equality ... 1991-2023 Bill & Melinda Gates ...



2 📖 Gates had purchased immense power in the world of Public Health-founding/funding; GAVI, IAVI, Global Polio Eradicate Initiative GPEI, WHO, CDC, ResearchGate, Global Health Investment Fund & the OECD, Trinity Challenge, GinkoBioworks & In 2000 Gates started the ONE Campaign.



Building global commitment to fight poverty and disease

In the fight against extreme poverty, hunger, and preventable disease around the globe, ONE plays a unique role. It uses its resources to make human crises and their solutions matter—to leaders, funders, private and public institutions, and millions of people worldwide.

- [visit ONE](#)
- [follow @ONECampaign](#)
- [read blog posts about ONE](#)

ONE pursues its goals through policy advocacy, grassroots mobilization, communications, and creative campaigning. Among its more visible efforts are direct personal appeals by high-profile individuals—including ONE co-founder Bono—to world leaders to address urgent development issues and follow through on their aid commitments. ONE also mobilizes its 3.2 million members to pressure policymakers to increase their effort, accountability, and transparency in the fight against disease and poverty, particularly in Africa. By making the most of technology and social media, **ONE has also become a leading force in educating the public about global health** and development and in changing perceptions about aid and its impact.

ONE's Roots

ONE originated in conversations between Bill Gates and Bono in the early 2000s about the need to better inform Americans about extreme poverty around the world. Together with Melinda Gates, Bobby Shriver, George Soros, Ed Scott, Bob Geldof, and Jamie Drummond, they created an anti-poverty advocacy organization called DATA that focused on deploying celebrities and other influential individuals to urge world leaders to take action on specific development issues. Within a few years, DATA had joined with several other organizations to form ONE, with major backing from the Bill & Melinda Gates Foundation. The goal was to create a political constituency for development priorities—particularly the UN Millennium Development Goals, which in 2000 set specific global targets to address disease, poverty, and other pressing development issues.

Investors & Partners

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BOARD

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SCIENTIFIC ADVISORY COMMITTEE (SAC)

JOINT COORDINATION GROUP (JCG)

PORTFOLIO STRATEGY & MANAGEMENT BOARD (PSMB)

CEPI'S COMMITMENT TO TACKLING RACISM

ANTI-SLAVERY AND HUMAN TRAFFICKING STATEMENT

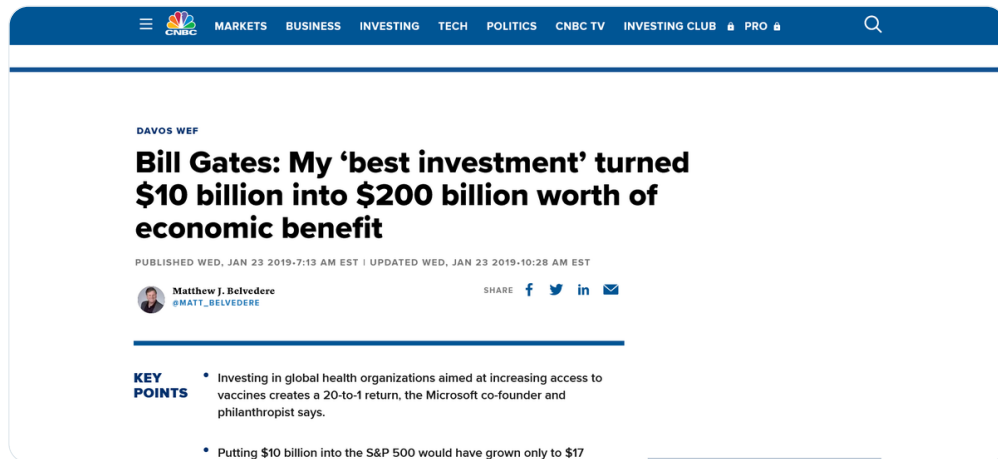
CEPI was founded in Davos by the governments of Norway and India, the Bill & Melinda Gates Foundation, Wellcome, and the World Economic Forum.

To date, CEPI has secured financial support from Australia, Austria, Belgium, the Bill & Melinda Gates Foundation, Canada, Denmark, the European Commission, Ethiopia, Finland, Germany, Greece, Hungary, Iceland, Indonesia, Italy, Japan, Kuwait, Lithuania, Luxembourg, Malaysia, Mexico, Netherlands, New Zealand, Norway, Panama, Portugal, Philippines, Romania, Saudi Arabia, Senegal, Serbia, Singapore, Switzerland, Republic of Korea, United Kingdom, USA, and Wellcome.

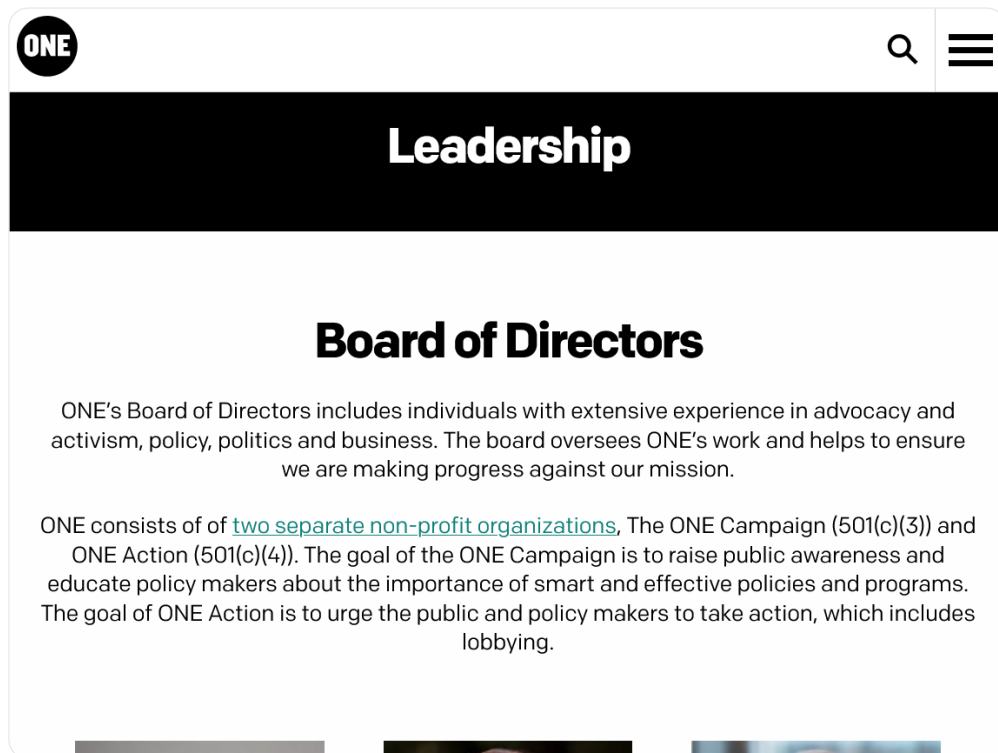
CEPI has also received support from private sector entities as well as public contributions through the [UN Foundation COVID-19 Solidarity Response Fund](#).

Close collaboration with our partners is crucial for the success of our work.

See our [full list](#) of contributions and pledges.



3 🍹 The ONE Campaign was about...Global Health! [of course] and was formed w/ Bobby Shriver, George Soros, & others & used celebrities like Bono and Lady Gaga to promote it. All of it in alignment with the UN Millennium Development Goals





BONO

Lead singer, U2
Co-founder, ONE and
(RED)



SUSAN A. BUFFETT

Chair, The Sherwood
Foundation and the
Susan Thompson
Buffett Foundation



THE RT HON DAVID CAMERON

Former Prime Minister of
the United Kingdom



ONE Receives \$3 Million from Bill & Melinda Gates Foundation

December 4 2004

WASHINGTON – Leading political advisors Mark McKinnon and Mike McCurry joined with 11 relief and development agencies that make up ONE to announce a new national effort to mobilize Americans in support of helping fight global AIDS and poverty.

Underlining the bipartisan support for helping the poorest people in the world, the campaign released results of a national poll showing a large majority of Americans believes it is important for the United States to start a major new initiative to fight global AIDS and poverty.

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Media Contacts

Global Media Director

Ben Maitland
ben.maitland@one.org
+44 7881 370 441

NORTH AMERICA


4 🇬🇧 In 2017 the BMGF along w/ Wellcome Trust, WEF, Norway & India, founded the Coalition of Epidemic Preparedness [CEPI] at Davos. Now Headquartered in Oslo, Norway. CEPI is a lead promoter of "OneHealth."

One of the big moonshot ideas in CEPI's plan is to compress vaccine development timelines to 100 days. Saville highlights the speed of success of COVID-19 vaccine development as “really quite remarkable” but notes opportunities for improvement. She explains that by compressing different areas of the vaccine development pipeline you can reduce the timelines further. For example, “you can compress the times by having things like clinical trial networks and clinical protocols in place that people can agree on in advance”, she says.

CEPI also wants to produce a library of prototype vaccines against representative



September 2013, New York

5  BMFG alongside JP Morgan Chase Bank founded the Global Health Investment Fund which works alongside the Global Health Investment Corporation in 2012, a founder of GHIC is also CEO for GHIF, long time corporate lawyer, and IAVI board member, Labeeb Abboud

GHIC GHIF

what specific types of COVID-19 programs have GHIF portfolio companies launched

[Quick Search](#)

GHIF portfolio companies have launched several types of COVID-19 programs. Here are some examples:

- **Rapid COVID-19 tests:** Atomo Diagnostics and AccessBio, both GHIF portfolio companies, have developed rapid COVID-19 tests that provide results in just minutes. These tests have been approved for use in several countries and are being used to help diagnose COVID-19 infections.
- **CRISPR-based diagnostic test:** GeneDrive, another GHIF portfolio company, is working on developing a CRISPR-based diagnostic test for COVID-19. The test would be able to detect the virus in saliva samples and provide results in just 30 minutes.
- **Low-cost COVID-19 vaccine:** Univercells, a GHIF portfolio company, is working on developing a low-cost COVID-19 vaccine that can be produced quickly and at scale. The vaccine uses a technology called microfluidics to produce the vaccine in small, portable units that can be easily transported and deployed in low-resource settings.
- **Other COVID-19-related programs:** GHIF portfolio companies have also launched other COVID-19-related programs, although specific details are not provided in the search results. These programs may include the development of COVID-19 treatments, the production of personal protective equipment (PPE), or the deployment of other medical solutions to help address the pandemic.

Overall, GHIF portfolio companies have launched a range of COVID-19 programs, including rapid tests, diagnostic tests, vaccines, and other medical solutions. These programs demonstrate GHIF's commitment to investing in innovative technologies that have the potential to make a significant impact on global health outcomes, including in the context of the COVID-19 pandemic.



Global Health
Investment
Corporation

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Global Health Investment Fund

Our namesake \$108 million social impact fund (GHIF) invested in twelve companies developing clinical diagnostics, devices, vaccines, and therapeutics targeting diseases that disproportionately burden people living in low- and middle-income countries, such as HIV/AIDS, malaria, tuberculosis and cholera. The fund's portfolio companies have successfully commercialized more than a dozen products that have been delivered to over 100 million people.



Global Health
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History

Inspired by Innovation

In 2012, the Bill & Melinda Gates Foundation sponsored the creation of GHIC and the launch of its initial fund, the Global Health Investment Fund, with the support of JP Morgan Chase. The original vision was to apply well-established venture capital practices using blended finance to accelerate the development of products and technologies that would improve lives globally by addressing high-burden global health challenges.



**GHIF was started by Bill Gates
& JP Morgan Chase**

Driven by Collaboration

The Government of Germany, acting through the German Federal Ministry for Economic Cooperation and Development (BMZ) and the KfW Development Bank, helped capitalize GHIC with an initial grant and remains a key strategic partner and funder of GHIC.

Other GHIF stakeholders and investors include Grand Challenges Canada, the Swedish International Development Agency, the International Finance Corporation, GSK, Merck, Pfizer, AXA Investment Managers, Storebrand, JP Morgan Social Finance, the Children's Investment Fund Foundation, along with other foundations and individual investors.

Since its launch, GHIF's success has inspired the launch of other impact investment funds, many with GHIC's support and collaboration.

Preventing Future Threats

In 2021, GHIC entered into a 10-year venture investment partnership with the Biomedical Advanced Research and Development Authority (BARDA) focused on global health security. BARDA will provide GHIC with funding, as well as scientific and technical input, and GHIC will mobilize additional third-party capital to finance the development of technologies to respond to or prevent future pandemics and other health security threats.



Global Health
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"We invest in global health because we know that when health improves, life improves by every measure." – Bill Gates, Co-chair, Bill & Melinda Gates Foundation

Partners

Our strategic partners and investors include leading philanthropic, public, and private sector institutions. Together, we're improving global public health and investing in a healthier, safer world.



KfW →

KfW Development Bank has been helping the German Federal Government to achieve its goals in development policy and international development cooperation for more than 50 years. On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), KfW provides funding to help its partners, including GHIC, to improve global health, accelerating the development of medicines, vaccines and diagnostics for neglected infectious diseases, and catalyzing additional investment in these areas.



MITRE Corporation →

MITRE, a not-for-profit organization, works in the public interest across federal, state, and local governments, as well as industry and academia to advance their mission of solving problems for a safer world. Through its partnership with GHIC, MITRE provides analysis and evaluation of medical countermeasure technologies, leveraging its objective insights and deep technical expertise across multiple domains.



BARDA Ventures →

BARDA Ventures extends BARDA's core principle of public-private partnerships to the investment community, creating, for the first time at the U.S. Department of Health and Human Services, a venture-style partnership that can make quick, agile investment decisions and de-risk transformative technologies so that they can be used for health security needs. Under this program, BARDA works with and provides financial support to GHIC to accelerate the development of medical countermeasures that address gaps in health security as well as meet commercial market needs.



Bill & Melinda Gates Foundation →

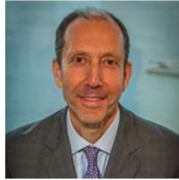
The Bill & Melinda Gates Foundation's mission is to create a world where every person has the ability to live a healthy, productive life. The Foundation seeks to spur innovation to improve the human condition, strengthen global collaboration to save and transform lives around the world, create market incentives for lifesaving products by supporting the development and delivery of vaccines, treatments, diagnostics and other tools for those most in need, and generate high-quality data and evidence to drive progress. The Foundation sponsored the establishment of GHIC and the launch of its inaugural Global Health Investment Fund.



Global Health
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6 🇧🇪 Abboud isn't the only name of interest at GHIC, as there is also a former FTX member on the board [that's reassuring smh] More importantly, CEPI has massive conflicts of interest, besides board members like Richard Hatchett and Jane Halton there's the Joint Coordination Group-



LABEEB ABOUD

**General Counsel & Senior Vice President
Business Development & Strategy; Corporate Secretary**

Labeeb M. Abboud provides leadership on legal affairs, business development, intellectual property, risk management, and innovative finance initiatives. He advises the Board of Directors and CEO on governance and strategy, and is board chair of the IAVI-UVRI HIV Vaccine Program in Uganda. He is principally responsible for structuring IAVI's collaborations and joint ventures with academic, industry, and public sector partners to ensure that any HIV vaccine developed will be globally accessible and affordable.

Abboud is Chairman of the Board of the Global Health Investment Fund, a Bill & Melinda Gates Foundation-sponsored social impact investment fund focused on accelerating late-stage development of vaccines, drugs, diagnostics, and devices to address global health challenges in developing countries. He also serves on the Expert Advisory Group of the Medicines Patent Pool, which seeks to increase access to HIV, viral Hepatitis C, and tuberculosis treatments in low- and middle-income countries.

Prior to joining IAVI in 2004, he had 20 years of experience in the fields of international law and finance. He is a member of the Council on Foreign Relations, and has also served on the boards of several non-profit organizations. He is a graduate of Wesleyan University and Georgetown University Law Center.



As of December 2017

Members of the Scientific Advisory Committee

Alan D. Barrett University of Texas Medical Branch	Alash'le Abimiku International Research Center of Excellence, Institute of Human Virology, Nigeria/ University of Maryland School of Medicine Institute of Human Virology	Azra Ghani Imperial College London, UK	Marco Safadi Santa Casa de Sao Paulo School of Medical Sciences, Brazil	Michael King University of Virginia (SAC Vice Chair)
Michel De Wilde MDW Consultant, LLC		Paula Bryant National Institute of Allergy and Infectious Diseases, National Institutes of Health, USA	Peter Dull Bill & Melinda Gates Foundation	Peter Paradiso Paradiso Biologics Consulting LLC
Christian Drosten Charité – Universitätsmedizin Berlin, Germany	Dominique Maugeais RH Solutions	Dr Emmanuel Hanon Viome (SAC Chair)	Phil Krause World Health Organization	Rebecca Grais Pasteur Network
Gary Nabel Modex Therapeutics	George Gao Chinese Center for Disease Control and Prevention/ Institute of Microbiology, CAS	Inger Damon Centers for Disease Control and Prevention USA/ Emory University	Peter Smith London School of Hygiene & Tropical Medicine	Stanley Plotkin Emeritus Professor, University of Pennsylvania, USA
Josie Golding Wellcome	Ken J. Ishii International Vaccine Design Center, The Institute of Medical Science, The University of Tokyo	Kent Kester IAVI	Sani Aliyu Cambridge University Hospitals Foundation Trust	
V. Krishna Mohan Bharat Biotech, India	Laura Palomares Instituto de Biotecnología, Universidad Nacional Autónoma de México (UNAM) (SAC Vice Chair)	Linfa Wang Duke-NUS Medical School, Singapore	Rino Rappuoli Fondazione Biotechnopolo di Siena	Vineeta Bal Indian Institute of Science Education and Research, Pune, India
Luciana Borio Arch Venture Partners	Mahmudur Rahman GHD/EMPHNET	Marc Lipsitch Harvard T.H. Chan School of Public Health USA	Stephen Thomas SUNY Upstate Medical University, USA	Vaseeharan Sathiyamoorthy World Health Organization

Board

CEPI is a Norwegian Association. The primary governing body is the Board, which has 12 voting members (four investors and eight independent members representing competencies including industry, global health, science, resource mobilisation, finance) and five observers.



The Board is advised on decisions, such as prioritising pathogens and selecting development partners, by our Scientific Advisory Committee.

LEADERSHIP

BOARD
INVESTORS & PARTNERS
SCIENTIFIC ADVISORY
COMMITTEE (SAC)
JOINT COORDINATION
GROUP (JCG)
PORTFOLIO STRATEGY &
MANAGEMENT BOARD
(PSMB)
CEPI'S COMMITMENT TO
TACKLING RACISM
ANTI-SLAVERY AND
HUMAN TRAFFICKING
STATEMENT



Melanie Saville
Executive Director of Vaccine Research & Development

+ Biography



Monina Viñeaza
General Counsel and Head of Legal

+ Biography



Nicole Lurie
Executive Director of Preparedness and Response

+ Biography



Jane Halton
Chair



Rachel Grant
Executive Director of Communications and Advocacy

+ Biography



Richard Hatchett
Chief Executive Officer

+ Biography



Samia Saad
Executive Director of Resource Mobilisation & Investor Relations

+ Biography



Dr Mike Ryan
Executive Director, WHO Health Emergencies Programme

+ Biography



Kathryn Swan

Operations & Administration Associate

Kathryn provides operational & administration support across GHIC, including assisting the firm's executive, operations and investment teams and serving as a liaison with external stakeholders. Previously, she worked at the FTX Foundation as a Charitable Partnerships Associate where she advocated for biosecurity and AI safety in charitable giving. Additionally, she completed multiple fellowships in Effective Altruism from the Stanford University chapter and has a background in government, business, and philanthropy. Kathryn graduated with a B.A. in International Affairs and a minor in Business from the University of Colorado Boulder.



Global Health
Investment
Corporation

FTX employee

FTX Trading Ltd.



FTX

Type	Private
Industry	Cryptocurrency
Founded	May 2019, 4 years ago
Founders	Sam Bankman-Fried Gary Wang ^[1]
Fate	Chapter 11 bankruptcy
Headquarters	Nassau, New Providence, The Bahamas
Key people	John J. Ray III, CEO ^[2]
Products	Cryptocurrency exchange · cryptocurrencies
Revenue	▲ US\$1.02 billion (2021) ^[3]
Operating income	▲ US\$272 million (2021) ^[3]
Net income	▲ US\$388 million (2021) ^[3]
Number of employees	c. 300 (2022) ^[4]

7 CEPI's Joint Coordination Group includes; the European Medicines Agency, GAVI, UNICEF, FDA, WHO, & World Bank. CEPI's Scientific Advisory Committee which includes; Christain Drosten, China's CDC director George Gao, Stanley Plotkin [wrote the literal book on "Vaccines,"

Scientific Advisory Committee (SAC)

The Scientific Advisory Committee is an independent body within the CEPI governing structure that provides world-class scientific support, advice, and guidance to CEPI staff and the CEPI Board in responding to the current COVID-19 pandemic.

They also deliver guidance and challenge towards CEPI's [US\\$3.5bn plan](#) to mitigate or even dramatically reduce the threat of future pandemics and epidemics. Final decision-making about the issues addressed by the committee rests with CEPI staff or the Board.

CEPI Joint Coordination Group

The current members of the Joint Coordination Group include:

- The African Vaccine Regulatory Forum (AVAREF)
- **Developing Countries Vaccine Manufacturers Network (DCVMN) member**
- **European Medicines Agency (EMA)**
- FIND, the global alliance for diagnostics
- **Gavi, the Vaccines Alliance**
- The Global Fund
- International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) member
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- **Médecins Sans Frontières (MSF)**
- UNICEF
- **US Food and Drug Administration (FDA)**
- Wellcome Trust
- World Bank
- World Health Organization (WHO)

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CEPI

Timothy Grant Evans

Timothy Evans joined McGill University in September 2019 as the Inaugural Director and Associate Dean of the School of Population and Global Health (SPGH) in the Faculty of Medicine and Associate Vice-Principal (Global Policy and Innovation). He joined McGill after a 6-year tenure as the Senior Director of the Health, Nutrition and Population Global Practice at the World Bank Group.

From 2010 to 2013, Dr. Evans was Dean of the James P. Grant School of Public Health at BRAC University in Dhaka, Bangladesh, and Senior Advisor to the BRAC Health Program. From 2003 to 2010, he was Assistant Director General at the World Health Organization (WHO). Prior to 2003, he served as Director of the Health Equity Theme at the Rockefeller Foundation. Earlier in his career he was an attending physician of internal medicine at Brigham and Women's Hospital in Boston and was an Assistant Professor in International Health Economics at the Harvard School of Public Health.

Dr. Evans has been at the forefront of advancing global health equity and strengthening health systems delivery for more than 20 years. At WHO, he led the Commission on Social Determinants of Health and oversaw the production of the annual World Health Report. He has been a co-founder of many partnerships, including the Global Alliance on Vaccines and Immunization (GAVI), as well as efforts to increase access to HIV treatment for mothers and innovative approaches to training community-based midwives in Bangladesh.

Dr. Evans received his medical degree from McMaster University in Canada and was a Research and Internal Medicine Resident at Brigham and Women's Hospital. He earned a DPhil in Agricultural Economics from the University of Oxford, where he was a Rhodes Scholar.

George Fu Gao



Avril Haines

Avril Haines is a Senior Research Scholar at Columbia University; a Senior Fellow at the Johns Hopkins University Applied Physics Laboratory; a member of the National Commission on Military, National, and Public Service; and a principal at WestExec Advisors.

During the last administration, Dr. Haines served as Assistant to the President and Principal Deputy National Security Advisor. She also served as the Deputy Director of the Central Intelligence Agency and Legal Adviser to the National Security Council.

Dr. Haines received her bachelor's degree in physics from the University of Chicago and a law degree from Georgetown University Law Center. She serves on a number of boards and advisory groups, including the Nuclear Threat Initiative's Bio Advisory Group, the Board of Trustees for the Vodafone Foundation, and the Refugees International Advisory Council.



Jane Halton

Matthew J. Harrington

Martin Knuchel

Eduardo Martinez

8. 🇨🇳 It is worth noting that George Gao, who is China's CDC Director who was one of only 15 "players" at Event 201 in Fall of 2019 [hosted by WEF, BMGF, and Johns Hopkins] & is a two time board member for the Global Health Preparedness Monitoring Board is also CEPI.

Dr. Gao is a member (academician) of the Chinese Academy of Sciences, a fellow of the Third World Academy of Sciences (also known as the World Academy of Sciences), a fellow of the American Academy of Microbiology, and an associate member of EMBO. He is a recipient of several national and international awards, including the TWAS Medical Prize (2012), the Nikkei Asian Prize (2014), and the HLH S&T Developmental Award (2015).

This biologist helped trace SARS to bats. Now, he's working to uncover the origins of COVID-19

Linfa Wang's innovative new assay could help reveal when and where the virus spilled over to humans

30 SEP 2020 • BY KAI KUPFFERSCHMIDT

RS COMMENTARY JOURNALS

COVID-19

Science



Wang, who heads the Emerging Infectious Diseases Program at Duke-NUS Medical School in Singapore, immediately got to work developing a new assay that can detect antibodies against SARS-CoV-2 in blood samples—an indication of prior infection. The tool could help untangle how the pandemic began. So far, the evidence is that the virus originated in bats, animals Wang has long argued are uniquely suited to harboring viruses that pose a danger to humans. Now, he hopes his assay can help trace the path of the virus to humans and pinpoint when and where it first spilled over.

The work is a natural next chapter for Wang, who has been tracking viruses from bats to humans for more than 2 decades. Marion Koopmans, a virologist at Erasmus Medical Center, credits him for essentially launching the field of bat immunology and developing the tools to pursue it. "He has made a heroic effort to establish a very challenging research line, which needed to start from scratch," she says.

10 I've covered Borio and Linfa Wang in the past & their involvement cannot be understated. What's interesting is to see Borio in multiple articles in early 2020 in NEMJ, & JAMA that were co-authored by Jesse Goodman, a Georgetown univ grad & husband to Nicole Luire.

VIEWPOINT

Finding Effective Treatments for COVID-19 Scientific Integrity and Public Confidence in a Time of Crisis

Luciana Borio, MD
Jesse L. Goodman, MD, MPH
Joshua M. Sharfstein, MD

Everyone wants new treatments and vaccines to address the devastation of coronavirus disease 2019 (COVID-19). But currently, under intense pressure and based on hope and limited data from poorly conducted clinical trials and observational data, many clinicians are prescribing off-label and unproven therapies. This approach cannot provide answers about what treatments are effective, and it poses undue risk to patients. In the light, decisions to treat and medical emergency use authorization (EUA) authorities from the US Food and Drug Administration (FDA), such as the recent EUA for chloroquine and hydroxychloroquine,¹ which will further increase use of these drugs for treating individuals with COVID-19, are noteworthy and deserve careful attention. Not only do these potential negative consequences from continued use of these drugs based on currently emerging limited, equivocal, concerning, the integrity of government decision-making is increasingly coming under pressure, rising harm to both patients and the public confidence needed to respond effectively to the pandemic.

In 2014, Ebola virus disease, then believed to be fatal to most infected individuals, was widespread in West Africa. Early signs of "severe cases," the triple monoclonal antibody combination (ZMapp), were given

As learned from the Ebola outbreak, mortality can be reduced through identifying best practices. In US citizens, both survival, generating intense global pressure to use this product and other unproven treatments. At the time, it was argued² that even promising therapies must offer proven efficacy or benefit and that, even in an emergency, the fastest route to having whether experimental products work was with randomized clinical trials (RCTs). At the same time, it was noted that, provided adequate supplies, access for patients who could not wait in clinical trials could be facilitated through EUA "compassionate use" for "responded access" patients. Such provisions, unlike EUA, require consent and provide enhanced clarity to physicians and patients that the product is experimental and not necessarily endorsed by the government.

However, there was intense resistance to conducting RCTs, and by the time a study that compared the monoclonal antibody combination therapy with standard care was underway, the epidemic was waning and the trial was not statistically powered to show differences in outcomes. It took a year and another outbreak to learn

that any potential benefit afforded by the triple antibody product was less than that of a similar treatment. Furthermore, because of the delay in RCTs, it is still not known whether other experimental (but not mentioned) or other investigational (but not mentioned) products or treatments would have been effective. A consensus emerged that sound research can and should be done during emergencies and that RCTs are the most ethical and reliable approach to quickly identify effective treatments and assess that the most people benefit.³

In this context, the recent issuance of the chloroquine/hydroxychloroquine (CHQ) in the midst of public pressure and with scant and conflicting supporting evidence, should be of serious concern. Although everyone hopes these drugs will be found to work, the analysis of currently existing data and safety concerns are significant.^{4,5} Furthermore, growing concerns about the drugs has resulted in unintended consequences, including anecdotal reports of fatal outcomes as well as a warning that patients who used the drugs for proven indications at risk. Resulting that agencies should provide protection and sound substantiated for counterfeited substances.

Why the concern about CHQ? An EUA is intended to allow use of select experimental products or of approved products for improved indications with exceptions to FDA requirements that may not be feasible to meet during some emergency (eg, good manufacturing practices, institutional review boards, written informed consent). EUA requires the FDA to

the review an independent process of high integrity to conclude that it is reasonable to believe that "the known and potential benefits of the product, when used to diagnose, prevent, or treat the identified disease or condition, outweigh the known and potential risks of the product."⁶ Although the standard is short of requirements for full drug or biologic approvals, it still depends on careful weighing of available evidence and represents a de facto government judgment in support of a specific use in a specific emergency. Although intended, it is not infrequent to see an EUA portended as also an FDA approval, including now for chloroquine/hydroxychloroquine.⁷

EUAs that have been requested and granted in the past, such as during the influenza A(H1N1) of 2009 and the 2009 pandemic influenza A(H1N1), have all been underpinned by substantive evidence supporting the standard of known and potential benefits being likely to exceed risks, particularly as compared with the recent chloroquine/hydroxychloroquine (CHQ). For example, chloroquine, a drug of known safety and

Joshua M. Sharfstein, MD
Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland.

Jesse L. Goodman, MD, MPH
Medicine and Infectious Diseases, Georgetown University Washington, DC.

Luciana Borio, MD
In-Q-Tel, Arlington County, Virginia.

Corresponding author: Jesse L. Goodman, MD, MPH, Georgetown University, 3900 Reservoir Rd, Washington, DC 20057 (jgoodman@georgetown.edu).

DOI: 10.1093/jama.2020.09.15.20200000

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JAMA Published online first 2020

The US Regulatory System and COVID-19 Vaccines

The Importance of a Strong and Capable FDA

Joshua M. Sharfstein,
MD
Bloomberg School of
Public Health, Johns
Hopkins University,
Baltimore, Maryland

Luciana Borio, MD
In-Q-Tel, Arlington

County, Virginia.

For many in public health and medicine, the coronavirus disease 2019 (COVID-19) pandemic in the US has been a frustrating journey from one disappointment to the next. Late access to testing, insufficient staff and inadequate supplies of personal protective equipment (PPE) for vaccination, and, at the end of 2020, a chaotic search for vaccination sites, that in some areas, slowed the beginning of the pandemic to the present, the US has excelled: facilitating the rapid development of COVID-19 vaccines. Much of the credit has justifiably gone to the scientists who adopted and created the technology. To the companies that developed the technology, and to the individuals who volunteered for clinical trials, to the National Institutes of Health, and to Operation Warp-Speed, which funded several candidate vaccines, ensuring financial risk for the companies. A less recognized partner in this effort—but no less essential to its success—is the US Food and Drug Administration (FDA).

In early spring 2020, the quest to develop vaccines was described as a competition between nations, with anticipation that countries first to vaccinate would gain a geopolitical advantage.¹ As the virus spread from country to country, governments had to decide among

US success and global leadership will continue to depend on innovative science, sufficient resources, and a strong and capable FDA.

dozens of competing technologies, many with a plausible argument for success. Biomedical researchers from across the world joined the effort to develop a vaccine. Global efforts to develop vaccines provided early funding, and national leaders planned to spend whatever resources would be necessary.

From the start of this effort, a pivotal question was how to define success. What evidence would be required to assess risks and benefits and to know whether a vaccine is ready for broad use?

The FDA approached these questions by engaging colleagues at the National Institutes of Health, working with scientists at the companies, hearing from academic experts, and then, most importantly, by relying on the experience of the agency's own scientists in the Office of Vaccine Research and Review, many of whom have spent their careers overseeing and assisting vaccine development. Early questions included what toxicology studies were needed, how to assess safety and immune response in the early human trials, and how to select a dosing regimen.

The FDA then had to decide on the types and amounts of scientific evidence needed to determine that a vaccine candidate is safe and effective for use by millions of people. The agency came under substantial pressure from the public and Congress to expedite the regulatory data that measure a vaccine's ability to induce an immune response. However, given limited scientific understanding of what constitutes protective immunity to severe acute respiratory syndrome coronavirus 2, the agency, with support from many leading scientific organizations, decided to require a vaccine to undergo a widely used guidance released in June 2020. The agency said that for licensure, a vaccine would need to elicit at least a 50% reduction in COVID-19 disease, with confidence intervals that excluded less than a 30% reduction.¹¹ This guidance required companies to estimate safety and efficacy of the vaccine by conducting studies that included a large, diverse group of participants consisting of thousands of people. The FDA scientific staff then worked closely with the World Health Organization in efforts to promote high standards globally.

Not all nations waited for clinical results before using vaccines widely. In August 2020, Russia

approved its vaccine and vigorously had administered it to more than 2 million people before completing trials or releasing data about its safety and efficacy. Neither naming their vaccine Sputnik nor declaring the race over answered serious questions in the scientific or clinical community. In September, China began vaccinating thousands of people, including employees at state-owned businesses, government officials, and company executives, also before clinical trials were completed.

In October 2020, the FDA built on its earlier guidance on standards for licensure to explain what data would be needed to support the potential interim step of Emergency Use Authorization.⁴ The agency's scientists and, ultimately, Commissioner Stephen Hahn resisted White House efforts to prevent the issuance of this guidance and to establish a low bar, such as relying only

on very early and interim data with minimal safety information. Instead, the agency required a minimum number of clinical cases, including serious disease, to occur in the clinical trial cohort before reaching an efficacy end point, and required a median of 2 months of safety follow-up, as well as submission of a full data set for its own analysis of the data.

In November, Pfizer-BioNTech and then Moderna announced positive results of their clinical trials. They had quickly conducted its own analyses of the companies' raw data, confirming high efficacy and a reassuring safety

Joshua M. Sharfstein, MD
Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland.

**Jesse L. Goodman,
MD, MPH**
Medicine and
Infectious Diseases,
Georgetown University,
Washington, DC.

Luciana Borio, MD
In-Q-Tel, Arlington
County, Virginia.

Corresponding
Author: Joshua M.
Shawhan, MD,
Bloomberg School of
Public Health, Johns
Hopkins University, 625
N Wolfe St, Room
WH3330, Baltimore,
MD 21205 (jshawhan@jhmi.edu).

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The NEW ENGLAND JOURNAL of MEDICINE

Perspective

MAY 21, 2020

Developing Covid-19 Vaccines at Pandemic Speed

Nicole Lurie, M.D., M.S.P.H., Melanie Saville, M.D., Richard Hatchett, M.D., and Jane Halton, A.O., P.S.M.

The need to rapidly develop a vaccine against SARS-CoV-2 comes at a time of explosion in

The company continued development even when the outbreak

- 11 🧵 Nicole Lurie sits on the board for CEPI, although her bio seems to be missing from their page. Lurie was the Assistant Secretary for Preparedness and Response under the Obama admin, RAND member, who was responsible for the gov't response to the Flint water crisis.

Nicole Lurie

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From Wikipedia, the free encyclopedia

You have a new message (last change).

Nicole Lurie is an American physician, professor of medicine, and public health official. During the administration of President Barack Obama, she was [Assistant Secretary for Preparedness and Response](#) (ASPR) at the [United States Department of Health and Human Services](#) (HHS) from 2009 through the end of the president's second term. The mission of the Office of the Assistant Secretary for Preparedness and Response is to "lead the nation in preventing, responding to and recovering from the adverse health effects of public health emergencies and disasters, ranging from hurricanes to [bioterrorism](#)."^[1]

Education [\[edit \]](#)

Lurie received her [bachelor's degree](#) from the [University of Pennsylvania](#) and her M.D. from the [University of Pennsylvania Medical School](#) in 1979.^{[1][2]} Lurie received her [Master of Science in Public Health](#) from the [University of California, Los Angeles](#) (UCLA), where she also completed her [medical residency](#).^[1] Lurie was a [Robert Wood Johnson Foundation Clinical Scholar](#) at UCLA.^[1]

Nicole Lurie



Personal details

Education [University of Pennsylvania](#) (BS, MD)
[\(University of California, Los Angeles\)](#)

In 1998, Lurie took leave from her position in Minnesota to become Principal Deputy Assistant Secretary for Health in the U.S. Department of Health and Human Services, holding this position until 2001. In this role, Lurie worked on the Healthy People 2010 initiative and initiative to reduce [health disparities](#), as well as [pandemic influenza](#) planning.^[2]


After leaving HHS, Lurie became senior natural scientist and the Paul O'Neill Alcoa Professor of Health Policy at the [Arlington, Virginia-based Rand Corporation](#), a [think tank](#).^{[2][3]} Lurie directed the organization's Center for Population Health and Health Disparities and oversaw its work on public health and preparedness.^[2] Lurie testified before the Subcommittee on Bioterrorism and Public Health Preparedness of the [Senate Committee on Health, Education, Labor and Pensions](#) in March 2006, explaining that "her work included evaluating public health preparedness in California and Georgia; conducting 32 tabletop exercises on hypothetical crises caused by [smallpox](#), [anthrax](#), [botulism](#), [plague](#), and pandemic influenza; and interviewing officials from 44 communities in 17 states."^{[2][4]}

In July 2009, Lurie returned to HHS as Assistant Secretary for Preparedness and Response at the Department of Health and Human Services. In that position, Lurie oversaw the federal public health response to various health crises, including [Hurricane Sandy](#) and the [Boston Marathon bombing](#).^[2] Lurie is also a [rear admiral](#) of the [U.S. Public Health Service](#).^[1] Lurie was also appointed to oversee the federal response to the [Flint water crisis](#).^[5]

While serving as assistant secretary at HHS, Lurie also practiced medicine at the Bread for the City clinic in Washington, D.C.^{[1][2]}

Personal life [\[edit \]](#)

Lurie is married to Dr. Jesse L. Goodman, a physician and now the chief scientist at the [Food and Drug Administration](#); the two met while at the University of Pennsylvania. They have three sons.^[2]

12  Lurie's husband, Jesse Goodman- former CBER director, & FDA chief Scientist, on the board for GSK, the United States Pharmacopeia [USP] which sets standards for health care products in the U.S recognized as official by the federal government and are enforceable by the FDA.

What is the focus of Nicole Lurie's work at CEPI

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Answer

Nicole Lurie's work at CEPI (Coalition for Epidemic Preparedness Innovations) focuses on preparedness and response to public health emergencies, including the development of vaccines to stop future epidemics ¹ ² ³. As the Executive Director for Preparedness and Response at CEPI and Director of CEPI-US, Lurie has been guiding CEPI's emergency response efforts since 2017, including its COVID-19 response ⁴. Prior to COVID-19, CEPI's work focused on developing vaccines against Ebola ⁵.

- Assistant Secretary for Preparedness and Response (ASPR):** During the administration of President Barack Obama, Lurie served as the Assistant Secretary for Preparedness and Response at the United States Department of Health and Human Services (HHS) from 2009 through the end of the president's second term ⁶. In this role, she was responsible for leading the nation's efforts to prepare for and respond to public health emergencies.
- CEPI:** Lurie was appointed as the US Director at CEPI (Coalition for Epidemic Preparedness Innovations), a global partnership to develop vaccines to stop future epidemics ⁷. She also serves as the Executive Director for Preparedness and Response at CEPI and Director of CEPI-US ⁸.
- Penn LDI Distinguished Health Policy Fellow:** Lurie was named a Penn LDI Distinguished Health Policy Fellow in 2017 ⁹. This fellowship recognizes her expertise in health policy.

Nicole Lurie is connected to several organizations in her career. Here are the organizations she is connected to:

- World Bank:** Nicole Lurie is currently a consultant to the World Bank ¹⁰. Her role in this capacity is not specified in the search results.
- Coalition for Epidemic Preparedness Initiatives (CEPI):** Lurie is connected to CEPI and holds multiple roles within the organization. She is the Executive Director for Preparedness and Response at CEPI and also serves as the Director of CEPI-US ¹¹.
- United States Department of Health and Human Services (HHS):** Lurie served as the Assistant Secretary for Preparedness and Response (ASPR) at HHS during the administration of President Barack Obama ¹². In this role, she provided leadership in preventing, responding to, and recovering from the adverse health effects of public health emergencies and disasters ¹³.
- Bread for the City clinic:** While serving as the assistant secretary at HHS, Lurie also practiced medicine at the Bread for the City clinic in Washington, D.C. ¹⁴.
- Society of General Internal Medicine:** Lurie was elected to the council of the Society of General Internal Medicine in 1987 and served as its president from 1997 to 1998 ¹⁵.
- Institute of Medicine:** Lurie is a member of the Institute of Medicine ¹⁶. The Institute of Medicine is now known as the National Academy of Medicine.

These organizations highlight Lurie's involvement in public health, emergency preparedness, and healthcare policy at both national and international levels.

U.S. Pharmacopeia (USP)

Jesse L. Goodman, M.D., M.P.H.

Medical Sciences Trustee



Having served as President of the USP Convention during the 2015-2020 cycle, Dr. Jesse Goodman will help guide USP as it begins its third century of promoting and protecting public health. In his role as Medical Sciences Trustee on USP's board, Dr. Goodman will apply his knowledge of USP along with his personal and professional experience as the organization rises to the challenges of the global supply chain and helping to ensure ongoing access to quality medicines for people around the world.

His day-to-day experiences as a practicing clinician coupled with the knowledge that he gained during years with FDA have given Dr. Goodman an appreciation for the need for balanced and collaborative approaches to regulations and what that could do to keep our drug and food supply as safe and effective as possible.

Dr. Goodman is the Director of the Center on Medical Product Access, Safety and Stewardship and attending physician at Georgetown University and DC Veterans Administration Hospitals. Until 2014, Dr. Goodman was FDA's Chief Scientist, leading crosscutting scientific efforts, including public health preparedness and medical countermeasures. Prior to that, Dr. Goodman directed FDA's Center for Biologics Evaluation and Research, supporting innovative regulatory approaches to vaccines and other biologics and spearheading unique public-private efforts to address public health challenges. As Senior Advisor to the Commissioner, he initiated the first U.S. Task Force on Antimicrobial Resistance. Having served on the World Health Organization's Ebola Vaccine Working Group, Dr. Goodman helped develop the Global Vaccine Action Plan. He is currently on the Centers for Disease Control and Prevention's Board of Scientific Counselors (Infectious Diseases).

A Harvard graduate, Dr. Goodman received his M.D. from Albert Einstein College of Medicine and completed postdoctoral training at the University of Pennsylvania and UCLA, where he was Chief Resident. He has been elected to the Institute of Medicine of the National Academy of Sciences.



Georgetown's Jesse Goodman Leads Vaccine Analysis Team

Posted in [GUMC Stories](#) | Tagged [community outreach](#), [COVID-19](#), [pandemic](#), [public health](#), [vaccination](#), [Vaccine](#)

(May 7, 2021) — If you've read news stories this past year about COVID-19 vaccines in The Washington Post or The New York Times, for example, or have heard stories on NPR, the journalists' reporting may well have been informed by input from a group of vaccine experts led by Georgetown infectious disease specialist Jesse Goodman, MD, MPH.

Among the many lessons learned early on in the coronavirus pandemic was that clear, accurate and unbiased communication is critical. In 2020, inconsistent messaging from government officials contributed to skepticism about best practices to reduce the risk of infection, including vaccination.

"In the fall, when much controversy was swirling and pressure on the FDA from the White House was fierce, there was palpable and constant concern about COVID-19 vaccine development, review and authorization, and about the vaccines themselves," Goodman notes.

To begin addressing these issues, Goodman, a former FDA chief scientist and now professor of medicine and infectious diseases at Georgetown University Medical Center, and John D. Grabenstein, RPh, PhD, of the Immunization Action Coalition, formerly head of the U.S. Department of Defense's immunization programs, formed COVAT, the **COVID-19 Vaccine Analysis Team**.

To fill out the COVAT roster, they assembled 10 volunteer experts — including former government leaders — with expertise in clinical trials, vaccine safety, vaccination programs, virology, the regulatory process and health communications.



Jesse Goodman, MD, MPH

13 🇺🇸 Goodman has also been on the boards for WHO, CDC, NIH, & like his wife, Lurie, he too sat on the board for CEPI. Goodman and CIA darling Borio authored many narrative based articles in early 2020 but why? Turns out they share roles together at COVAT

14 🇺🇸 COVAT= COVID-19 Vaccine Analysis Team, ran by Georgetown University & it began September 25th 2020. Alongside Borio & Goodman are influential names like, Paul Offit, Walter Orenstein, and Vaxophile Peter Hotez-all to give pro-vaccine guidance.

Georgetown's Jesse Goodman Leads Vaccine Analysis Team

Posted in [GUMC Stories](#) | Tagged [community outreach](#), [COVID-19](#), [pandemic](#), [public health](#), [vaccination](#), [Vaccine](#)

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Jesse Goodman, MD, MPH

"Our experts include former FDA, CDC, White House, DOD and HHS scientific leaders, leading academic experts from around the country, and media and public health experts," Goodman says. "We've all worked together in some capacity over the years."

COVAT's blue-ribbon panel of experts include a former commissioner of health for New York City, the former directors of both the Office of Vaccines Research and Review and the Division of Epidemiology at FDA, the former director for medical and biodefense preparedness at the National Security Council, the previous director of the National Vaccine Program Office at HHS, the former communications director for the CDC, and two leading academic vaccine developers.

View a List of COVAT Members

Mary Bassett, MD, MPH, François-Xavier Bagnoud Professor of the Practice of Health and Human Rights, director of the François-Xavier Bagnoud Center for Health and Human Rights; former commissioner of health for New York City

Norman Baylor, PhD, president and CEO, Biologics Consulting; former director of FDA's Office of Vaccines Research and Review

Luciana Borio, MD, vice president in Q-Tel; former director for Medical and Biodefense Preparedness at the National Security Council; former FDA acting chief scientist

M. Miles Braun, MD, MPH, adjunct professor, Georgetown University School of Medicine; former director of FDA's Division of Epidemiology

Bruce Gellin, MD, MPH, president, Global Immunization, Sabin Vaccine Institute; former deputy assistant secretary for health and director of the National Vaccine Program Office, U.S. Department of Health and Human Services

Jesse L. Goodman, MD, MPH, COVAT chair; professor of medicine and infectious diseases, Georgetown University; former FDA chief scientist and former director of the FDA Center for Biologics Evaluation and Research

John D. Grabenstein, RPh, PhD, COVAT co-chair; colonel, U.S. Army (retired); editor for Immunization Action Coalition; general manager of Vaccine Dynamics; former global executive director of medical affairs, Merck Vaccines; former senior scientist and director for U.S. Department of Defense military immunization program

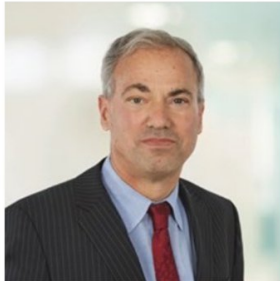
Peter Hotez, MD, PhD, dean, National School of Tropical Medicine; professor of pediatrics and molecular virology & microbiology, Baylor College of Medicine; director, Texas Children's Hospital Center for Vaccine Development

Glen Nowak, PhD, strategic communications advisor to COVAT; director, Center for Health and Risk Communication, professor of advertising, University of Georgia; former director of media relations at CDC and communications director for CDC's National Immunization Program

Paul A. Offit, MD, director, Vaccine Education Center, professor of pediatrics, division of infectious diseases, Children's Hospital of Philadelphia; Hillman Professor of Vaccinology, Perelman School of Medicine, University of Pennsylvania

Walter A. Orenstein, MD, professor of medicine, epidemiology, global health and pediatrics, Emory University; associate director, Emory Vaccine Center; director, vaccine policy and development; former deputy director, Immunization Programs, Gates Foundation; former director, CDC National Immunization Program

Link: <https://gumc.georgetown.edu/gumc-stories/georgetown-jesse-goodman-leads-vaccine-analysis-team/#>



Bio and Featured Works

Teaching

Grants, Awards, Honors, Patents

A graduate of Harvard, Dr. Goodman received his M.D. from the Albert Einstein College of Medicine and did residency and fellowship training in Medicine, Infectious Diseases and Oncology at the Hospital of the University of Pennsylvania and at the University of California in Los Angeles (UCLA), where he was also Chief Medical Resident. Prior to his government service, he was Professor of Medicine and Chief of Infectious Diseases at the University of Minnesota where his laboratory isolated and characterized *Anaplasma phagocytophilum*, the etiologic agent of granulocytic anaplasmosis, then a newly recognized tick-borne disease.

He has served on numerous Advisory Boards and Committees for organizations including the CDC, NIH, and WHO, and helped develop the R and D section of the Global Vaccine Action Plan. He previously served on the Scientific Advisory Board of the Coalition on Epidemic Preparedness Innovations (CEPI) and currently is a Member of CDC's Board of Scientific Counselors. In 2015, he was elected volunteer President and Board member of the United States Pharmacopeia, a non-profit standards setting organization working to advance safety and quality of medicines and foods globally. In 2016, he joined the Board of GSK, chairing its Science Committee, and in 2018 the Board of Intellia Therapeutics. He has been elected to the American Society for Clinical Investigation and to the National Academy (Institute) of Medicine of the National Academy of Sciences, where he is a longstanding member of its Forum on Microbial Threats.

Language(s)

Spanish (Speak Read)

Link COVAT: <https://www.policeforum.org/covid4mar21>

what is georgetown university's COVAT, the COVID-19 Vaccine Analysis Team?

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Answer

COVAT, the COVID-19 Vaccine Analysis Team, is a group affiliated with Georgetown University Medical Center that provides objective analysis and perspectives on COVID-19 vaccine data ¹ ⁴ ⁵. The team is chaired by Dr. Jesse L. Goodman, a former FDA Chief Scientist and professor of medicine and infectious diseases at Georgetown University ⁴. COVAT consists of a group of vaccine experts committed to generating unbiased analysis and serving as a trusted source of science-based communications ⁵. Their goal is to provide objective perspective and analysis as COVID-19 vaccine data emerges ⁵. The team's expertise and analysis contribute to the understanding and evaluation of COVID-19 vaccines, helping to inform public health decision-making and communication efforts ².

15 🇺🇸 In prior threads I have covered the alarming connection between Moderna's C19 jab and the CIA, namely Borio via Nat'l Resilience, as well as Georgetown's decades long health agendas.. <https://t.co/U7rP8ixuke>



Destiny Rezendes
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13 🇺🇸 Originally, the bio-surveillance programs, now entrusted to DHS, appeared under the name Project ARGUS GLOBAL which created the still active BioWatch program. ARGUS wasn't solely in the hands of DHS but partnered with Georgetown University



3:39 AM · Jun 25, 2023



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19 📖 What better way to infiltrate hostile countries than to gather intelligence through the humanitarian efforts of globally beneficial science? So USAID continued its efforts and Georgetown stayed on the policy side of the matter.



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16 📖 As I've gone over before Georgetown Univ is one of the biggest purveyors of global health surveillance systems & often at the behest of the CIA/DoD. Not only is Goodman a professor, but so is EcoHealth's William Karesh, Katz, & Carlin, & as was recently announced Dr. Fauci.



University News

Dr. Anthony Fauci To Join Georgetown Faculty as Distinguished University Professor

June 26, 2023 |

After dedicating 54 years of his life to public service, Dr. Anthony Fauci has chosen Georgetown University to play a major role in the next phase of his career.

As a Distinguished University Professor at Georgetown, Fauci will participate in medical and graduate education and engage with students.

"I am delighted to join the Georgetown family, an institution steeped in clinical and academic excellence with an emphasis on the Jesuit tradition of public service," Fauci said. "This is a natural extension of my scientific, clinical and public health career, which was initially grounded from my high school and college days where I was exposed to intellectual rigor, integrity and service-mindedness of Jesuit institutions."

University News

5 Questions for Dr. Fauci on
Why He Decided To Join
Georgetown



How Jesuit Education Influenced Dr. Fauci

Fauci's Catholic upbringing and Jesuit education left an imprint on his career trajectory and approach to medicine and public service. He graduated from Regis High School in New York City in 1958 and the College of the Holy Cross in 1962 — two Jesuit institutions that cultivated intellectual rigor and service to others, he said.

Link: <https://www.georgetown.edu/news/dr-anthony-fauci-to-join-georgetown-faculty-as-distinguished-university-professor/>

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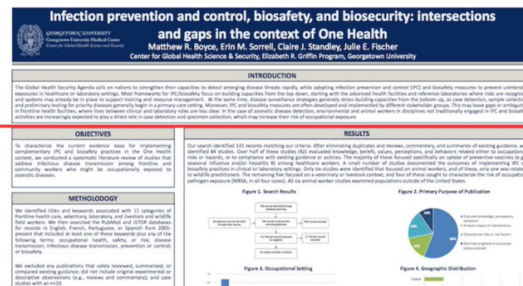
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Biosafety Research

The Elizabeth R. Griffin Program focuses on strengthening the evidence base for implementing biosafety, biosecurity, and occupational health programs for the workers on the frontlines of laboratory research and health security.

Biosafety and One Health poster presented at the 15th International CDC Biosafety Symposium.



Coordinator: Ms Melissa Baker Date: Monday 04 November 2019 Location:

Biosafety Research

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Global Health Security 2019

International Convention Centre
Sydney 18-20 June 2019

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A huge thank you from the GHS2019 Committee

18 🇺🇸 So why is this important? Because CEPI is pushing to 100 days to make vaccines agenda, which is being pushed into; EU, WHO, UN, & CDC. OneHealth is in the WHO treaty & IHR amendments and soon will be enacted. Both are EcoHealth Alliance & BMGF creations. Do YOU trust them?

link: <https://apps.who.int/iris/bitstream/handle/10665/336838/PMC7652556.pdf?sequence=1>

News

William Karesh: championing "One Health"

Preventing and responding to pandemics requires an integrated approach to human, animal and environmental health. William Karesh talks to Andréia Azevedo Soares.

2020

Q: How did you become interested in the interface between human and animal health?

A: You could say it started with the animals. I grew up outside a small city in coastal South Carolina where there was a lot of wildlife. I would find orphaned baby animals and raise them. That turned into a passion that stayed with me through my education in biology and veterinary medicine. As for the interface, I think it just seemed obvious to me that all these different biological organisms, including us, are interconnected and that it makes sense to look at them as an ensemble. In the past two hundred years or so, the development of different medical specializations has discouraged cross-disciplinary thinking



Courtesy of William Karesh

William Karesh

Wildlife and an expert on the World Health Organization (WHO)'s International Health Regulations Roster of Experts focused on the human-animal interface and wildlife health. Author of over 200 peer-reviewed articles and numerous book chapters, he received a Bachelor of Science in biology from Clemson University in South Carolina, United States of America in 1977, and a doctorate in veterinary medicine from the University of Georgia, South Carolina in 1982.

100 DAYS AGENDA

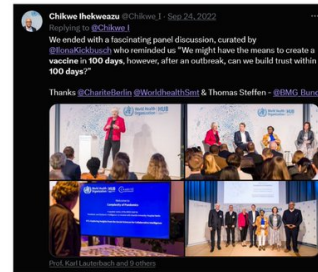
WS 29 - Getting to the 100 Day Mission for Better Pandemic Preparedness
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CEPI's 100 day Mission with Melanie Saville | WIRED Health
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WIRED Health

100 days to outrace the next pandemic | Davos 2022
12K views · 4 months ago
The Straits Times

Global Citizen Explains | How Can a New Vaccine Be Created in 100 Days?
751 views · 1 year ago
Global Citizen

"We have built a process to develop a new vaccine within 100 days", says Pfizer CEO Albert Bourla
17 views · 1 year ago
Pfizer



KARESH
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ONE HEALTH




COP28 Health Pavilion

30 November – 12 December 2023 | Dubai, United Arab Emirates

WHO in collaboration with the Wellcome Trust and partners will host the Health Pavilion at the COP28 UN Climate Conference, taking place in Dubai, the UAE, from 30 November to 12 December 2023.

The COP28 Health Pavilion will convene the global health community and key stakeholders across various sectors to ensure health and equity are placed at the centre of climate negotiations. It will offer a rich 2-week programme of events showcasing evidence, initiatives and solutions to maximize the health benefits of tackling climate change across regions, sectors and communities.

More information will be made available soon.

The [call for side events at the COP28 Health Pavilion](#) is open until 15 September 2023.

Upcoming Dates

High-level meetings

20 September 2023 | Pandemic prevention, preparedness and response

The UN High-Level Meeting on Pandemic Prevention, Preparedness and Response (PPPR) presents an opportunity for Member States to further mobilize political momentum, including through the integration of a multisectoral approach towards pandemic prevention, preparedness and response, given the multifaceted consequences of pandemics.

- [Zero draft of the Political Declaration on Pandemic Prevention, Preparedness and Response](#)

21 September 2023 | Universal health coverage

This High-Level Meeting presents an opportunity for countries and stakeholders to renew efforts and accelerate progress toward achieving health for all. This will serve as the foundation for executing policies and ensuring responsibility for strengthening health systems for the future, building on the 2019 Political Declaration.

- [Information on preparations for the High-level Meeting on Universal Health Coverage](#)
- [Zero draft of the Political Declaration on Universal Health Coverage](#)



Delivering Pandemic Vaccines in 100 Days

December 2022^a

A new paradigm for vaccine development for outbreak response



Readiness: Prepare the tools, infrastructure and partnerships
Pre-outbreak Development of rapid response platforms, vaccine libraries and critical reagents

Reaction: Adapt, create & test the pathogen-specific vaccine
Between outbreak & initial vaccine availability for use
Shift from prototype vaccines to pathogen-specific activities & scale-up vaccine manufacturing

Roll-out and review: Release vaccine & expand clinical evidence
Post initial availability for use
Continued surveillance after initial authorisation e.g. broken firewall between development, intervention and evaluation

Reaction time of 100 days under specific circumstances
Point of outbreak
Available for use

An enabling policy and financing context

Many of the challenges to implementing the scientific and technological innovations identified from this research relate to the policy and financing architecture for epidemic and pandemic preparedness and response. The response to the COVID-19 pandemic benefited from regulatory collaboration and pragmatism, which enabled preclinical and human trials to be conducted simultaneously based on previous data generated from within the same technology platform, clear articulation of criteria for safety and efficacy, the employment of non-traditional trial designs, and rolling review of regulatory dossiers. In preparation for the next pandemic, further innovations could include relatively straightforward changes such as a detailed globally harmonised template for regulatory dossiers, potentially based on improvements to the existing Common Technical Document, and advanced benefit-risk assessment methodologies to provide additional guidance regarding the data needed to support emergency authorisation or approval. Other innovations that would help – such as the assessment of the role in silico modelling can play in

criteria and approaches to authorise vaccine use on the basis of immunogenicity data, and the agreement on the circumstances under which this is warranted – present harder challenges.

More generally the global response to COVID-19 exposed the fragmented and uncoordinated nature of the current global preparedness and response architecture for emerging infectious diseases of outbreak, epidemic and pandemic potential. Lack of coordination and clarity of roles, absence of established surge financing mechanisms for R&D and at-risk manufacturing and procurement, and lack of mechanisms to enable global access to vaccines, diagnostics, therapeutics and critical equipment, has resulted in significant delays in vaccine manufacturing and highly inequitable access to vaccines. An accelerated development timeline risks making these challenges even more significant, therefore addressing critical policy and financing issues will be key to enable a functioning, agile and networked global ecosystem capable of delivering the 100-day aspiration.


19 🇹🇷 I haven't even begun on the Disease Surveillance apparatus that they are trying to implement globally and how all these people are names you WILL see again in regards to your health freedoms. Receipts are on the slides. #NoOneHealth #stopthetreaty

EOS = EPIDEMIC INTELLIGENCE FROM OPEN SOURCES
WHO= WORLD HEALTH ORGANIZATION
HDRAS = HAZARD DETECTION AND RISK ASSESSMENT
JRC=JOINT RESEARCH CENTRE
EAR=EARLY ALERTING AND REPORTING
EC=EUROPEAN COMMISSION
WOAH=WORLD ORGANIZATION FOR ANIMAL HEALTH
PAHO= PAN AMERICAN HEALTH ORGANIZATION
GPIN= GLOBAL PUBLIC HEALTH INTELLIGENCE NETWORK
GHIF= GLOBAL HEALTH INVESTMENT FUND [2012]
GHIC=GLOBAL HEALTH INVESTMENT CORPORATION
GHS=GLOBAL HEALTH SECURITY AGENDA
GPMB=GLOBAL PREPAREDNESS MONITORING BOARD
IAVI- INTERNATIONAL AIDS VACCINE INITIATIVE [1996]
GAVI=GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION [2000]
CEPI- COALITION FOR EPIDEMIC PREPAREDNESS INNOVATION [2017]
DHIS2- DISTRICT HEALTH INFORMATION SYSTEM 2 [2006 EU]
HISP= HEALTH INFORMATION SOFTWARE PLATFORM
UN=UNITED NATIONS, USG= UNITED STATES GOV EU=EURO UNION
EC= EUROPEAN COMMISSION

Important

ABBREVIATIONS

that YOU should know !



World Health Organization

Home / Newsroom / Events / Detail / Strategic Advisory Group of Experts on Immunization (SAGE) - September 2023

Strategic Advisory Group of Experts on Immunization (SAGE) - September 2023

25 - 29 September 2023

This meeting for the Strategic Advisory Group of Experts on Immunization (SAGE) will be held from Monday to Friday inclusive.

How do I register ?

Participation at the meeting is by invitation only. If you have not received an invitation email and would like to attend, please contact: sage@who.int

Where is the meeting?

The meeting is planned to take place at WHO HQ. More details to follow.

Where can I stay during the meeting?

A list of accommodation options are available from sage@who.int and will be communicated to you upon registration approval.

Meeting materials

Materials for this meeting such as a draft agenda, provisional list of participants and background documents will be made available nearer the time.

Are there any upcoming events or conferences organized by the WHO in 2023

[Quick Search](#)

Events - World Health Organization (WHO) who - 1	Events from August 2 - Global Health Council globalhealth - 2	WHO Meetings - European Society for... esmo - 3	Event: 76th World Health Assembly SDG... sdg - 4
2023 Event Trends You Need to Know - Blog ~... scorrex - 5	Halfway Through 2023 - How is Your Event... linkedin - 6		

[Answer](#)

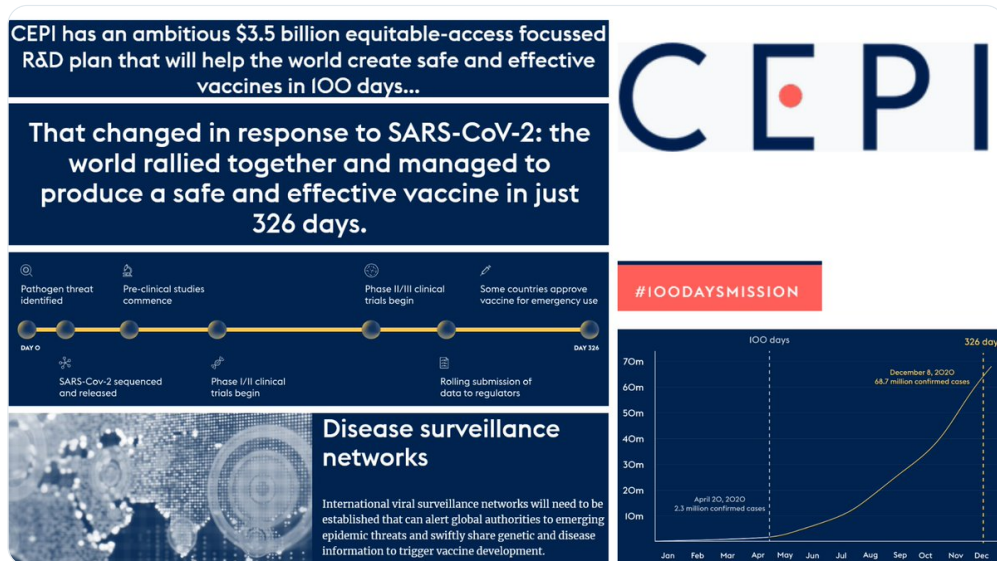
According to the search results, there are a few upcoming events and conferences organized by the World Health Organization (WHO) in 2023:

1. COP28 Health Pavilion - November 30, 2023
2. Fourth WHO Global School on Refugee and Migrant Health - November 27, 2023

Please note that these are the specific events mentioned in the search results. It's possible that there may be additional events or conferences organized by the WHO in 2023 that are not listed in the search results. For more comprehensive and up-to-date information, it is recommended to visit the official WHO website or contact the WHO directly.

WHO

Upcoming Dates



CEPI ARCHITECTS OF CHANGE

100 Days

November 20, 2020

Developing pandemic-busting vaccines in 100 days

By Dr Richard Hatchett

The world can face down the next Disease X with a new vaccine in just 100 days. Here's how...

Had these kinds of milestones been achieved for a *single* COVID-19 vaccine candidate, then a safe and effective vaccine could in theory have been available for use, based on Phase 3 results, more than two months sooner than in this pandemic. That would have shortened the time from "lab to jab" or from the publication of a genetic sequence to getting a new vaccine into arms, to less than 9 months. And that's without any change to our current regulatory paradigm.

What's possible now

If we look across the global portfolio of COVID-19 vaccines—life-saving products that were created from scratch, then manufactured, tested, trialled and brought to bear against a completely new disease—many fast-paced possibilities are clear:

- It's possible to design a vaccine candidate within 2 days of the genetic sequence of a new virus being published. We know, because that's what the NIAID Vaccine Research Center did.
- It's possible to move into first human trials in 66 days from the release of the genetic sequence. We know, because that's what Moderna did.
- It's possible to publish the first safety data 63 days after a Phase 1 clinical trial starts. We know, because that's what Moderna did.
- It's possible to go from first human clinical trials to vaccine registration in about 7 months. We know, because that's what Pfizer / BioNTech did.
- And it's possible to get emergency use approval within 1 day of filing required data with regulators. We know, because that's what China's CanSino did.

Link: <https://100days.cepi.net/100-days/>

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